

Request for Transcript



Student: Please complete the following and submit it to all high school, colleges or universities you have previously attended. *Also, please note any fee that may be required when requesting your transcript.*

Name: _____
 Last First MI Maiden

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Birth Date: _____

HS/College Attended: _____

Year of Graduation or Last Date of Attendance: _____

Student Signature _____ Date _____

Please send an official academic transcript to:

Mercy College of Ohio
Admission's Office
2221 Madison Ave
Toledo, OH 43604-1132

Office: Student Records
Date: 10/13/2015